

New Jersey Department of Environmental ProtectionSite Remediation and Waste Management Program

TRADITIONAL/DIRECT OVERSIGHT REPORT CERTIFICATION FORM

Date Stamp
(For Department use only)

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SECTION A. SITE NAME AND LOCATION			
Site Name: Hess Corporation - Former Port Reading Complex			
List All AKAs: Amerada Hess Corp.; Buckeye Port Reading Terminal			
Street Address: 750 Cliff Road			
unicipality: Port Reading (Township Borough or City)			
County: Middlesex Zip Code: 07064	Zip Code: 07064		
Program Interest (PI) Number(s): 006148 Case Tracking Nu	ımber(s): <u>E20130449</u>		
SECTION B. REPORT INFORMATION			
Report Name: Remedial Investigation Workplan - Truck Loading Rack and Adjacent AOCs			
Report Date: April 26, 2021			
Case Type: ☐ RCRA GPRA 2020 ☐ CERCLA/NPL ☐ USDOD ☐ USDOE	☐ Direct Oversight		
Other (explain):	Direct Oversight		
United (explain).			
SECTION C. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION INFORMATION AND CERTIFICATION			
Full Legal Name of the Person Responsible for Conducting the Remediation: Hess Corporation			
Representative First Name: John Representative La	ast Name Schenkewitz		
Title: Senior Advisor, EHS			
Phone Number: (609) 406-3969 Ext:	Fax: (732) 352-7795		
Mailing Address: Trenton-Mercer Airport, 601 Stephen Way			
City/Town: West Trenton State: New Jersey	Zip Code: 08628		
Email Address: jschenkewitz@hess.com			
This certification shall be signed by the person responsible for conducting the remediation who is submitting this notification in accordance with Administrative Requirements for the Remediation of Contaminated Sites rule at N.J.A.C. 7:26C-1.5(a).			
I certify under penalty of law that I have personally examined and am familiar with the including all attached documents, and that based on my inquiry of those individuals im the information, to the best of my knowledge, I believe that the submitted information is aware that there are significant civil penalties for knowingly submitting false, inaccurate am committing a crime of the fourth degree if I make a written false statement which I aware that if I knowingly direct or authorize the violation of any statute, I am personally Signature: Name/Title: John Schenkewitz, Sr. Advisor EHS	mediately responsible for obtaining s true, accurate and complete. I am e or incomplete information and that I do not believe to be true. I am also		

SECTION D. LICENSED SITE REMEDIATION PRO	FESSIONAL INFO	ORMATION AND STATEMENT
LSRP ID Number: 576297		
First Name: John	ame: John Last Name: Virgie	
Phone Numbers: (732) 739-6444	Ext.:	Fax: <u>(732)</u> 739-0451
Mailing Address: 1625 Highway 71		
Municipality: Belmar	State: NJ	Zip Code: 07719
Email Address: jvirgie@earthsys.net		
This statement shall be signed by the LSRP who is submitting this notification in accordance with N.J.S.A. 58:10C-14, and N.J.S.A. 58:10B-1.3b(1) and (2).		
this submission, and all attachments included in performed by other persons that forms the basis another site remediation professional, licensed or relied; (2) conducted a site visit and observed the as was reasonably observable; and (3)conclude was sufficient information upon which to complete reports related thereto.	described in this some performed the rothis submission; as for the information or not, after having then-current cond, in the exercise of	submission, and all attachments included in this emediation conducted at this site that is described in nd/or periodically reviewed and evaluated the work in in this submission; and/or completed the work of (1) reviewed all available documentation on which I ditions and verified the status of as much of the work of my independent professional judgment, that there
 each area of concern, I adhered to the proferemediation professionals provided in N.J.S. That the remediation conducted at the entireal attachments to this submission, was correquirements in N.J.S.A. 58:10C-14.c; That the remediation described in this submission and in compliance with the regularity. N.J.A.C. 7:26I; and 	s as the licensed s lessional conduct s S.A. 58:10C-16; re site or each area nducted pursuant to mission, and all atta ulations of the Site	ite remediation professional for the entire site or standards and requirements governing licensed site a of concern, that is described in this submission and
complete. (3) I certify, when this submission includes a response action outcome, that the entire site or each area of concern has been remediated in compliance with all applicable statutes, rules, and regulations and is protective of public health and safety and the environment.		
(4) I certify that no other person is authorized or able to use any password, encryption method, or electronic signature that the Board or the Department have provided to me.		
 (5) I certify that I understand and acknowledge that: If I knowingly make a false statement, representation, or certification in any document or information I submit to the Department I may be subject to civil and administrative enforcement pursuant to N.J.S.A. 58:10C-17.a.1(a)through (f) by the Board, including but not limited to license suspension, revocation, or denial of renewal; and If I purposely, knowingly, or recklessly make a false statement, representation, or certification in any application, 		
form, record, document or other information the Site Remediation Reform Act, I shall be notwithstanding the provisions of subsection more than \$75,000 per day of violation, or a	n submitted to the e guilty, upon conv nn b. of N.J.S.2C:4 by imprisonment, c	Department or required to be maintained pursuant to iction, of a crime of the third degree and shall, 3-3, be subject to a fine of not less than \$5,000 nor or both.
(6) I certify that I have read this certification prior to signing, certifying, and making this submission.		
LSRP Signature: And Vury		Date: <u>4/26/21</u>
LSRP Name: John S/virgle, LSRP		
Company Name: Earth Systems		

Completed forms should be sent to:

Assigned Case Manager
Bureau of Case Management
Site Remediation Program
NJ Department of Environmental Protection
401-05F
PO Box 420
Trenton, NJ 08625-0420